

Cultural and Linguistic Competence Work Plan

Recommendations for Mental Health Services Oversight and Accountability Commission

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I. INTRODUCTION AND JUSTIFICATION

A. Introduction

In 1999, the Institute of Medicine reported that individuals from racially and ethnically diverse backgrounds are “...***more likely than the general population to be uninsured, and are overrepresented among those in publicly- funded health services. Even when these individuals have the same health insurance and similar access to a health care provider as non-minorities, recent research indicates that racial and ethnic minorities tend to receive a lower quality of health care than whites.***” This finding can be found not only in the research report from the Institute of Medicine, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, but it is also a recurring theme in a number of state and national landmark reports in the field of mental health. The California Mental Health Planning Council, *California Mental Health Master Plan*, the California Endowment, *Breaking Down Barriers to Service*, the President’s New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care*, the US Dept. of Health and Human Services, *Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General* all note the following:

- Racial, ethnic, and cultural disparities in access to and quality of mental health care exist in California.
- The disparities occur within a broader context of historical racial, ethnic, and cultural discrimination.
- Barriers that will challenge the California mental health system and stakeholders as they attempt to eliminate disparities using MHSA funds include: stigma, limited infrastructure, services, supports, and treatment, outreach and engagement of multicultural communities, workforce limitations, and a lack of culturally relevant data collection and outcome measurement strategies and tools.

B. Justification for Work Plan

1. Achieving the original purpose of the MHSA requires capacity to work effectively with multicultural and multilingual children, youth, adults, older adults, families and their communities.
2. In order to ensure the objectives of the MHSA are achieved, the OAC is responsible for making certain the mental health system (and all affiliated provider, advocacy, and training organizations that support wellness, recovery, and resilience) employ a systems approach to eliminating disparities and improving ability to be effective in multicultural communities. A systems approach is one that aligns policies, practices, structures and cultures of organizations supporting wellness, recovery, and resilience, as well as working to eliminate disparities.
3. The OAC is unwilling to allow these disparities to continue.

DRAFT**II. RECOMMENDATIONS****A. Organizational****Action Items****&****Time Lines****Recommendation 1**

Create an OAC Cultural and Linguistic Competence Oversight Team consisting of OAC Chair, Vice Chair, and a Co-Chair from the Prevention, Innovation, Measurements and Outcomes, Education and Training Committees, and OAC Executive Director.

- OAC Cultural and Linguistic Competence Oversight Team charges are: (1) to ensure OAC is accountable to its vision, mission, and guiding principles; (2) to ensure the Cultural and Linguistic Competence Work Plan is implemented.
- Oversight Team to be created by February 24, 2006.

Recommendation 2

Formalize a Cultural and Linguistic Competence Resource Committee for the OAC consisting of individuals from DMH Office of Multicultural Services (OMS), CIMH Center for Multicultural Development (CMD), the Cultural Competence/Ethnic Service Managers (CC/ESM), UC Davis Center for Reducing Health Disparities (CRHD), and Client Network, MHA, NAMI, and UACC-California Outreach and Education Collaborative (COEC).

- Individuals from the OMS, CMD, CC/ESM, CRHD, and the COEC to serve as a Resource Committee to the OAC in the area of cultural and linguistic competence. Their roles are: (1) to provide Commissioners and staff with concrete knowledge and expertise in eliminating mental health disparities in CA; (2) provide linkage for Commissioners with families, consumers, and consultants with expertise in disparities elimination; (3) assist OAC in development of strategies to eliminate disparities.
- Resource Committee formalized by March 24, 2006.

Recommendation 3

Coordinate a meeting for the Oversight and Accountability Commission (OAC) dedicated to defining the Commission's Vision and Mission for Cultural and Linguistic Competence.

- OAC Executive Director to work in collaboration with Chair and Vice Chair to organize a planning meeting for the full OAC to clarify the OAC vision, mission, and guiding principles for cultural and linguistic competence.
- OAC vision, mission, and guiding principles for cultural and linguistic competence completed by April 24, 2006.

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**B. Committee
Action Items
&
Time Lines**

Recommendation 1: All OAC Committees

1a. All OAC Committees will meet to develop a working draft set of Cultural and Linguistic Competence Guidelines for their Committee activities. The guidelines will be developed with support of the Executive Director. To the extent possible and appropriate, Committee Co-Chairs will collaborate with DMH on guideline development.

- Guidelines completed by April 24, 2006.

1b. All OAC Committee Co-Chairs will have a formal meeting with the Cultural and Linguistic Competence Resource Committee to review working draft guidelines.

- Meetings to occur prior to finalization of Committee's Cultural and Linguistic Competence Guidelines.

1c. All Cultural and Linguistic Competence Guidelines to clearly define the role of consumers and family members reflecting all of California's racially, ethnically, and culturally diverse communities and representing the full lifespan spectrum.

- Guidelines completed by April 24, 2006.

Recommendation 2: Prevention Committee

2a. Develop Cultural and Linguistic Competence Standards for ethnic-specific anti-stigma campaigns.

- Standards completed by April 24, 2006.

2b. Develop Cultural and Linguistic Competence Standards for all statewide and regional public mental health education campaigns.

- Standards completed by April 24, 2006.

2c. Develop Cultural and Linguistic Competence Standards for review of all statewide, regional, or county Prevention Plans.

- Standards completed by April 24, 2006.

Recommendation 3: Innovation Committee

3a. Develop Cultural and Linguistic Competence Standards for Innovation Plans that ensure 50% of all Innovation funding is dedicated to strategies that focus on eliminating disparities.

- Standards completed by April 24, 2006.

DRAFT**Recommendation 4: Education and Training Committee**

4a. Open and formalize dialogue with the California Mental Health Planning Council Human Resources Committee to establish principles to guide approaches to developing a diverse and qualified workforce.

- Principles defined by March 24, 2006.

Recommendation 5: Measurement and Outcomes Committee

5a. Measurements and Outcomes Committee to formalize dialogue with the Resource Committee to identify mechanisms to ensure culturally relevant data is collected and utilized to assist counties in MHSa planning as well as in measuring outcomes related to eliminating disparities.

- Meeting to occur by March 24, 2006.